Claims Clues

A Publication of the AHCCCS Claims Department November, 2003

HIPAA-Compliant 835 Remit Available on Web

Providers who have completed the necessary registration and testing processes may download the HIPAA compliant 835 electronic remittance advice for paid and denied claims from a secure AHCCCS Internet Web site and store the remittance in either electronic or hardcopy format.

To create an account and begin using AHCCCS Online, go to the AHCCCS Home Page at www.ahcccs.state.az.us. Click on the Information for Providers link to go to the Providers page. A link on the Providers page allows providers to create a free account.

After gaining access to the AHCCCS Online Web site, providers must download a copy of a trading partner agreement (TPA) and the electronic remittance advice manual. The TPA must be submitted to the AHCCCS Electronic Claims Submission (ECS) Unit. The ECS Unit will validate the TPA.

Providers who have questions about this process may contact the ECS Unit at (602) 417-4706.

After the TPA is validated, the provider must complete testing with AHCCCS prior to receiving a production 835.

To download a remittance, providers must click on the "Remits" link in the AHCCCS Online Main Menu on the left side of the page.

If a provider has no available remittance files, the Electronic Remits page will be displayed with the message "No files available."

If a provider has available remittance files, they will be listed on the Electronic Remits page. To download a remittance file, providers must click the "Download File" link to the right of the filename corresponding to the file that the provider wishes to download. A popup box will appear on the screen. Providers must click the "Save" button, and a window will be displayed allowing the provider to specify where the file should be saved. Providers will receive both an 835 remittance file of paid and denied claims and a supplemental file containing pended claims and additional data related to the paid

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Providers Needed to Test 270/271 Batch Transaction

AHCCCS is seeking providers who would like to test a batch process on the AHCCCS Web site that allows providers to verify AHCCCS eligibility and enrollment for several recipients at the same time.

The batch process is a HIPAA-compliant 270/271 eligibility inquiry/response transaction. It makes use of the AHCCCS Online Web site.

Providers who would like to test this process should contact Lori Petre, HIPAA testing manager, at (602) 417-4547 or via e-mail at lapetre@ahcccs.state.az.us.

The batch process will not be available this month as indicated in an article in the October issue of *Claims Clues*. ❒

HIPAA Brings Changes in Non-emergency Transport Codes, Rates

The Health Insurance Portability and Accountability Act (HIPAA) mandates that all local codes must be replaced with the appropriate HCPCS, CPT-4, and revenue codes and modifiers.

Many non-emergency transportation services have been billed using AHCCCS-specific codes beginning with "Z." These codes have now been crosswalked to national HCPCS codes.

These changes also necessitated adjustments in the base and mileage rates in order to maintain AHCCCS' budget neutrality and to limit changes in reimbursements to providers. Every effort was made to limit the financial impact on the provider community and still meet all HIPAA and state budget requirements.

To ensure proper processing and reimbursement of fee-for-service

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HIPAA-Compliant 835 Remit Available on Web

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and denied claims, for each applicable remittance date.

Once the remittance file(s) have been saved, they can be accessed and displayed in any text editor (Notepad, Wordpad, Winword, etc.)

Remittance files are retained by AHCCCS Online for two weeks. After two weeks, they will no longer be available via AHCCCS Online. To obtain an additional copy, providers must contact the AHCCCS Finance Department. ❒

HIPAA Brings Changes in Non-emergency Transport Codes, Rates

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claims, non-emergency transportation providers ***must*** bill with the new codes and rates for dates of service on and after December 1, 2003.

This change in coding requirements applies to non-emergency transportation providers who submit claims electronically and on paper.

The table below summarizes the changes in the non-emergency transportation procedure codes, base rates, and mileage rates. ❒

Description	AHCCCS-specific Code	Previous Rate	HCPCS Code Effective 12/01/03	Modifier (If applicable)	Rate Effective 12/01/2003
Urban Wheelchair Van, Base	A0130	$13.94	A0130		$11.80
Urban Wheelchair Van, Mileage	Z3723	$1.05	S0209		$1.35
Rural Wheelchair Van, Base	Z3644	$16.03	A0130	TN	$9.85
Rural Wheelchair Van, Mileage	Z3645	$1.20	S0209	TN	$1.45
Urban Stretcher Van, Base	Z3721	$44.59	T2005		$51.95
Urban Stretcher Van, Mileage	Z3722	$2.10	S0209		$1.35
Rural Stretcher Van, Base	Z3646	$51.28	T2005	TN	$91.75
Rural Stretcher Van, Mileage	Z3647	$2.42	S0209	TN	$1.45
Urban Ambulatory Van, Base	Z3621	$6.69	A0120		$7.02
Urban Ambulatory Van, Mileage	Z3620	$1.15	S0215		$1.12
Rural Ambulatory Van, Base	Z3648	$7.69	A0120	TN	$7.69
Rural Ambulatory Van, Mileage	Z3643	$1.34	S0215	TN	$1.34
Taxi	A0100	$1.11	A0100		$1.10
Taxi Mileage	Z3724	$1.05	S0215		$1.12

Personal Assistance Must Be Billed with Standard Code

Providers of personal assistance services who used to bill for services using AHCCCS-specific codes must now bill for those services using code T1019 (Personal care services, per 15 minutes).

The Health Insurance Portability and Accountability Act (HIPAA) mandates that all local codes must be replaced with the appropriate HCPCS, CPT-4, and revenue codes and modifiers.

Many personal assistance services have been billed using AHCCCS-specific codes beginning with "W" and "Z." These codes have now been crosswalked to national HCPCS codes.

Providers who billed for services using codes W4044 (Personal assistance) and Z3050 (Personal care; per hour) are now required to bill for those service using T1019. The maximum allowable charge is $5.00 per 15-minute unit. ❒

O/P Sleep Studies Covered in Non-hospital Facilities

Effective with dates of service on and after November 1, 2003, AHCCCS covers outpatient sleep studies/EEGs at non-hospital facilities.

AHCCCS will register providers for these services if they meet one of the following requirements:

- The facility is an independent diagnostic testing facility (IDTF) licensed by ADHS and accredited by the American Academy of Sleep Medicine, or
- The facility has a medical director who is certified by the American Board of Sleep Medicine, and has a managing sleep technician who is registered by the Board of Registered Polysomnographic Technologists.

For sleep EEGs only, an ADHS license is not required, but the physician must be a Board Certified Neurologist.

AHCCCS does not cover sleep studies performed in a home or mobile unit. AHCCCS also does not cover pulse oximetry alone as a sleep study.

Covered CPT codes are:

- 95805 Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
- 95806 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, unattended by a technologist
- 95807 Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
- 95808 Polysomnography; sleep staging with 1-3 additional parameters of sleep, attended by a technologist
- 95810 Polysomnography; sleep staging with 4 or more additional parameters of sleep, attended by a technologist
- 95811 Polysomnography; sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
- 95812 Electroencephalogram (EEG) extended monitoring; 41-60 minutes
- 95813 Electroencephalogram (EEG) extended monitoring; greater than one hour
- 95816 Electroencephalogram (EEG); including recording awake and drowsy
- 95819 Electroencephalogram (EEG); including recording awake and asleep
- 95822 Electroencephalogram (EEG); recording in coma or sleep only
- 95827 Electroencephalogram (EEG); all night recording ❒

HIPAA Requires Dentists to Bill on ADA 2002 Form

The Health Insurance Portability and Accountability Act (HIPAA) requires that dentists bill for services on the ADA 2002 form.

Dentists who submit electronic claims to the AHCCCS Administration must bill in the ADA format effective with dates of service on and after October 1, 2003.

Dentists who submit paper claims to the AHCCCS Administration may begin using the ADA 2002 form effective with claims for dates of service on and after October 1.

Dental claims for dates of service on and after January 1, 2004 ***must*** be billed on the ADA 2002 form. Claims billed on a CMS 1500 claim form for dates of service on and after January 1 will be denied. ❒

HCPCS Code Required with Revenue Codes 634, 635

Dialysis facilities must enter the appropriate HCPCS code for EPO injections when billing revenue codes 634 and 635 on fee-for-service claims submitted to the AHCCCS Administration.

Providers must enter the appropriate HCPCS code (Q9920 – Q9940) in the HCPCS/Rates field (Field 44) on the UB 92 paper claim form.

For electronic claims:

- NSF 4.0 format
  Enter the code in HCPCS Code 1, Record Position 29 – 33.
- HIPAA-compliant 837 format
  - Enter the code in:
    Loop 2400, Segment ID SV2, Element IDSV202-1

If a HCPCS code is not billed with revenue code 634 (EPO less than 10,000 units) or 635 (EPO 10,000 units or more), AHCCCS cannot price the line correctly, and the line will be denied. ❒

AHCCCS Updates Rates for Hospice Services

AHCCCS has updated fee-for-service rates for hospice services effective with dates of service on and after October 1, 2003.

The hospice rates are based on Medicare rates adjusted by local wage indices.

The table below shows the rates. Rural counties are defined as all counties other than Maricopa, Pinal, and Pima. The rural wage index is based on the county with the highest wage index in 2003, which is Mohave County. ❒

Code	Description	County	Updated Rate	Previous Rate	Change
651	Routine Home Care	Maricopa/Pinal	$121.50	$116.15	4.61%
		Pima	$113.67	$110.56	2.81%
		Rural	$136.15	$129.04	5.51%
652	Continuous Home Care	Maricopa/Pinal	$709.12	$677.92	4.60%
		Pima	$663.47	$645.27	2.82%
		Rural	$794.64	$753.12	5.51%
655	Inpatient Respite Care	Maricopa/Pinal	$124.93	$119.72	4.35%
		Pima	$118.56	$115.16	2.95%
		Rural	$136.87	$130.22	5.11%
656	General Inpatient Care	Maricopa/Pinal	$539.44	$516.11	4.52%
		Pima	$507.02	$492.92	2.86%
		Rural	$600.16	$569.50	5.38%

AHCCCS Accepting HIPAA-Compliant 837 Claims

The AHCCCS Administration has begun accepting HIPAA-compliant 837 electronic fee-for-service claims from all certified submitters.

Providers and clearinghouses who successfully completed testing the 837 transaction were certified to begin submitting 837 transactions on October 16.

Electronic claims submitters who are not ready to submit 837 transactions will be allowed to continue to submit electronic claims in the current format only if they submit a formal contingency plan. The plan must specify the steps the submitter will take to attain compliance, conduct testing, and a time frame for attaining compliance.

Formal contingency plans must be submitted either via email to: AHCCCSHIPAAWorkgroup @ahcccs.state.az.us
or via mail to:

Lori Petre
HIPAA Testing Manager
801 E. Jefferson St., MD 2800
Phoenix, AZ 85034

Failure to submit a contingency plan may result in disruption of electronic claims submissions, which may adversely impact provider claims payments.

Questions and comments should be submitted to AHCCCSHIPAAWorkgroup @ahcccs.state.az.us. ❒

Co-pays Increase for Some Enrolled Recipients

Effective October 1, 2003, some AHCCCS recipients enrolled with health plans have increased co-payments for selected services.

Information regarding individual co-payment amounts and the applicable services is available when verifying eligibility on the AHCCCS Web site, on the AHCCCS Interactive Voice Response (IVR) system, and through Medifax.

Please note that recipients with a co-payment designation of mandatory may be denied services if they do not pay their co-payment. About 10 per cent of health plan-enrolled recipients fall into this category.

Fee-for-service recipients are not affected by these changes.

Information about co-payments and cost sharing is available on the AHCCCS Web site at www.ahcccs.state.az.us. Click on the "Information for Providers" link. When the Providers page is displayed, click on the link to "AHCCCS Update and Cost Sharing Overview." ❒